

TREE PRUNING/REMOVAL PERMIT REQUEST

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

please include zip code

1. Location of tree work if different from above address:

2. Are you the owner of this property? _____ or are you acting as the agent for the property owner? _____ if so, we must have the property owner's signature _____

3. Is the work on the planting strip, or is it on an unimproved right-of way?

4. What is the purpose of work (View pruning, routine maintenance - thinning/removal of branches, removal of a dead/dying tree, or... something else)?

5. Would you like the Arborist or his representative to meet you on site? _____

6. Describe work requested and indicate the number and type of trees involved. Illustrate below or on the back to clarify if necessary.

7. Indicate the tree service you intend to contract for the requested work. Have you already contacted them? Company: _____

Phone: (_____) _____ Contacted yet? _____

8. What is your goal for when work is to begin? Date:

RETURN TO: City Arborist Office - P.O. Box 34996 - Seattle, WA 98124-4996

***DO NOT SEND MONEY
ALL FEES COLLECTED BY THE STREET USE PERMIT COUNTER***

Seattle Municipal Tower Building, P.O. Box 34996 - Seattle, Washington 98124-4996
Telephone: (206) 684-TREE, TTY/TDD (206) 684-4009, FAX: (206) 615-0899